

Section 7 **MUST** be completed by your current school **BEFORE** your application can be processed

Primary In Year Admission Application Form

All sections of the form must be completed. Failure to do so will cause a delay in processing your application

Section 1 - Child's details

For Office Use Only: NCY

Surname:

Forename(s)

Child's date of birth:

Child's gender:

Male

Female

Does the child have a statement of special educational needs/Education, Health and Care Plan?

Yes No

Does the child live with you?

Yes No

Child's full address and postcode

Contact number

How long has the child lived at the above address?

 Years Months

Parent/Carer Name

Parent/Carer address if different to the child

Postcode

Contact number

Do you have parental responsibility for the child?

Yes No

Does another person have parental responsibility?*

Yes No

If yes, have they given agreement to the application being made?

Yes No

Is the child a carer?

Yes No

Please state your relationship to the child

Mum Dad

Auntie Uncle

Sibling Grandparent

Other Please specify

Is the child an exchange student? Yes No

*For births registered in England and Wales, parental responsibility is automatically given to the child's mother from birth. A father will have child's parental responsibility if:

- He was married to the child's mother when the child was born (even if later divorced or separated)
- The child was born after 1 December 2003, and he is named on the birth certificate
- If a parental responsibility agreement is obtained from a court or by agreement with the mother

Please provide a copy of any appropriate court orders or residence orders with this application

Is the child in care?

Yes No

Formerly in care?

Yes No

Subject to a special guardianship

Yes No

If yes, which Authority?

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Section 2 - Reasons for your application:

Relocation to area from overseas *

Bullying **

House move *

Unhappy at school **

* If you have ticked that you are moving house, please note you may have to provide proof of your new address. Acceptable proof would be a tenancy agreement (minimum of 6 months tenancy will be accepted), a copy of the exchange of contracts or a council tax/utility bill.

**If your reasons are due to bullying or that your child is unhappy at school, you are strongly advised to discuss your concerns with your child's current school. A school move may not necessarily resolve any problems relating to these issues

Section 3 – Current School Details

Has your child been out of the UK education system for 2 months or more? Yes No

Section 3 A

Name of current school if applicable

Address if not a Warrington school

Post code

Date the child last attended the above school

How many schools has your child attended this academic year?

Section 3 B – School History

Name of all previous schools since birth

Please state reason for leaving

Section 3 C

Is the child known to or had involvement with the criminal justice system? Yes No

Have you discussed your reasons for wanting to move with your child's current school? Yes No

Have you discussed your reasons for moving schools with your child? Yes No

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Section 4 – School Preferences

Please state your preferences below and tick all reasons that apply

1.

Ease of travel Distance Social Faith Medical Sibling

Other Please give brief details

**Have you visited the school? Yes No

2.

Ease of travel Distance Social Faith Medical Sibling

Other Please give brief details

**Have you visited the school? Yes No

3.

Ease of travel Distance Social Faith Medical Sibling

Other Please give brief details

**Have you visited the school? Yes No

** Please note we strongly advise you to visit the school BEFORE submitting your form

Section 5 - Applications for faith schools only

If any of your stated preferences are for a faith school you may need to complete the school's supplementary form **as well as this form**, and return it to the school by the date they request.

Is your child Baptised Catholic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Church of Baptism	<input type="text"/>
Date Baptised	<input type="text"/>		Church Parish of residence	<input type="text"/>
Is your child Baptised Christian	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Church of Baptism	<input type="text"/>
Date Baptised	<input type="text"/>		Church Parish of residence	<input type="text"/>
Is your child of another faith	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please state	<input type="text"/>

The school may carry out additional checks and proof of baptism or a letter from an appropriate minister of religion may be required.

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Section 6 - Parental Declaration

- I understand that if I have deliberately given false information, the offer of a school place may be withdrawn. Yes
- I can confirm that all of the information I have given on this form is correct and up to date. Yes
- I have read and understand the In Year booklet for parents. Yes
- I understand that you will inform my child's current school of this application and will share the information with the schools listed on this form and, if different, the allocated school.
- I confirm I have parental responsibility for this child and/or the agreement of all persons with parental responsibility
- Section 7 completed by my child's current school
- I have enclosed proof of address – acceptable proof is listed below – please tick
- Utility bill - water, gas or electric (bank statements not accepted) OR A council tax bill OR
- Evidence of the exchange of contracts OR Tenancy Agreement OR Driving licence OR
- Proof of child benefit

Please print name

Signature

Date

Home telephone number

Mobile number

Email address

Please either email the form to schooladmissions@warrington.gov.uk or return the form to:

The Admissions Team, Families and Wellbeing Directorate, New Town House, Buttermarket Street, Warrington. WA1 2NH.

Transport to school

Please do not confuse the right to **express a preference for a school** with an **entitlement to travel assistance**. Please note that if your application is successful there will be **no assistance with transport** unless your child qualifies under the terms of the School and College Transport Policy.

Section 6a on the next page needs to be completed by the parent/carer before handing Section 7 to the school for completion. This helps the school to identify who the application is for. Applications will not be accepted by the local authority unless ALL sections are returned completed.

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Section 6a

This box needs to be completed by the parent/carer

Please enter child's details:

Child's DOB

First Name

Surname

NOTIFICATION OF REQUEST FOR AN IN YEAR ADMISSIONS/TRANSFER

FOR SCHOOLS' ATTENTION

An in-year transfer request has been received for the above named child. As the child's current school, you are now required to complete Section 7 (please turn over) and return to the parent/carer within 5 days of receipt. It is important you return this to the parent/carer as a matter of urgency as the application will not be accepted by the local authority unless ALL sections are completed.

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Section 7 (to be completed by current or last school attended)

This is used to help us process your child's application and their move to a new school. Please include the completed and signed Section 7 with your application form. There will be a delay in processing your application form if you do include a completed Section 7

Child's first name	<input type="text"/>	Child's surname	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NCY	<input type="text"/>
Current School	<input type="text"/>	DfE number	<input type="text"/>

Please tick all which apply

CIC or Formerly in Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	CAF	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CP	Yes <input type="checkbox"/>	No <input type="checkbox"/>	FSM	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Care involvement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	EAL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Service family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Learning needs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Traveller family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	SEN	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Referral to CAMHS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	K support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Statement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Physical/Sensory	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Behavioural (if yes see below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Persistent low level disruption -	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Percentage attendance:	<input type="text"/>		Eg. Individual Behaviour Support Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please attach SIMS or equivalent	<input type="text"/>		Or other	<input type="text"/>	

Details of any exclusions:

Date the child last attended?	<input type="text"/>	Number of fixed term exclusions?	<input type="text"/>	
Permanently excluded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number of sessions of exclusion in last 12 months?	<input type="text"/>
Has the child attended a PRU or had PRU involvement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is the child known to or had involvement with the criminal justice system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	

Academic information

Please provide levels achieved

KS1	Maths <input type="checkbox"/>	Reading/Writing <input type="checkbox"/>
KS2	Maths <input type="checkbox"/>	Reading/Writing <input type="checkbox"/>

Predicted KS2 results

Maths <input type="checkbox"/>	Reading/Writing <input type="checkbox"/>	
Phonics test pass in Year 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Phonics test pass in Year 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Completed by Name	<input type="text"/>	Phone number	<input type="text"/>
Position	<input type="text"/>	Email address	<input type="text"/>

Please return this completed section 7 to the parent/carers

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